



**Return completed form to the City of Brenham:**

- Email: [jhynes@cityofbrenham.org](mailto:jhynes@cityofbrenham.org)
- Mail: PO Box 1059, Brenham, TX 77834-1059
- Drop off at Utility Customer Service

**Should you have any questions, please contact  
JoAnne Hynes at 979/337-7440**

**CURBSIDE COLLECTION ASSISTANCE APPLICATION**

**Curbside Customer Information (please print):**

Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Read the following statements carefully and check the box beside the statement you agree with:

I request assistance with my curbside collection because I am unable to bring my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who could move the containers. My reason for needing assistance is (check one):

- I have a temporary physical disability until \_\_\_\_\_.**
  - I understand that after this date, I will be removed from the assistance list.
  - I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  - I understand that this service is not available during extreme weather events, such as when the National Weather Service issues a severe weather or tornado alert, other acts of God which prohibits the safe collection of these items.
- I have a permanent physical disability.**
  - I understand that curbside assistance is for recycling and garbage collection only, not yard waste, and the carts must be easily accessible and not enclosed in a fence.
  - I understand that this service is not available during extreme weather events, such as when the National Weather Service issues a severe weather or tornado alert, other acts of God which prohibits the safe collection of these items.
  - I understand that this service will need to be updated biennially.
  - I understand that this service may be revoked at any time by BVR Waste and Recycling if I no longer qualify for assistance. This determination may be made based on observations by collection employees.
- In addition to the above, I request the reduced size garbage container.** (The rate will remain the same as the 96-gallon cart).
- I request to opt-out of the Recycling Program.** (This will NOT reduce my monthly sanitation fee).

Citizen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling cart to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need curbside assistance service.

- Permanent
- Temporary until (date) \_\_\_\_\_

Physician/M.D. Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physician/M.D. Signature: \_\_\_\_\_ Date: \_\_\_\_\_